10/535741

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

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FILING DATE

APPLICANT(S)

SERIAL NO.

## CLAIMS

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	AS FILED		AFTER  1"AMENDMENT		AFTER 2 MAMENDMENT					
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TOTAL	17									

PTO - 1360 (REV. 11/04)

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S2		IND.	DEP.	IND.	DEP.	IND.	DEP.
53   54   55   56   57   58   59   60   60   61   62   63   64   65   66   66   66   66   66   66		ļ					
S4   S5   S6   S6   S7   S8   S9   S9   S9   S9   S9   S9   S9		<b>-</b>					
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76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND.							
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82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 TOTAL IND.  TOTAL DEP. TOTAL							
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TOTAL DEP.	100						
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